

## PLAN REVIEW APPLICATION

### Plan Review Fee:

NEW FOOD ESTABLISHMENT	\$277.00	MULTIPLE FEES	\$139.00
REMODEL OF EXISTING FOOD SERVICE	\$211.00	COST OF SERVICE	\$/HR

Make checks payable to: SKCDPH

Please complete information below and submit as directed in Plan Guide.

### Project Information

Food Service Establishment Name (doing business as): \_\_\_\_\_

Project Site Address: \_\_\_\_\_

\*Former name of food service establishment, if applicable: \_\_\_\_\_

### Applicant/Requestor Information

Contact Person (Owner, Applicant or Agent): \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### Ownership Information

Owner/Operator: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### Project Scope

Brief description of proposal \_\_\_\_\_

Proposed number of seats \_\_\_\_\_

☐ New Operation ☐ Remodel of Existing FSE ☐ Ownership Change ☐ Revision ☐ Other

### Office Use Only

Permit Record ID (PR #) \_\_\_\_\_ Classification \_\_\_\_\_

DDES/DCLU \_\_\_\_\_ SR# \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Approval Date \_\_\_\_\_ Reviewer \_\_\_\_\_

Review Time: \_\_\_\_\_ Action Taken: ☐ Approve ☐ Disapprove ☐ Corrections sent ☐ Pending ☐ Other

Date:

Discussion:

_____	_____
_____	_____
_____	_____
_____	_____

### DISTRICT HEALTH CENTERS

#### Alder Square

Mike Milbach  
1404 Central Avenue S, Ste 101  
Kent, WA 98032  
(206) 205-1903

#### Downtown

Patricia Ryan  
2124 - 4<sup>th</sup> Avenue, 4<sup>th</sup> Floor  
Seattle, WA 98121  
(206) 296-4787

#### Northshore

Michael Bratcher  
10808 NE 145<sup>th</sup> Street  
Bothell, WA 98011  
(206) 296-9741